

JUN 20 2006

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## FACSIMILE TRANSMITTAL SHEET

<b>TO:</b> Commissioner for Patents	<b>FROM:</b> Thomas L. Evans
<b>COMPANY:</b> United States Patent & Trademark Office	<b>DATE:</b> June 20, 2006
<b>FAX NUMBER:</b> (571) 273-8300	<b>TOTAL NO. OF PAGES (INCLUDING COVER SHEET):</b> 4
<b>YOUR REFERENCE No.:</b> Application No.: 09/783,146	<b>OUR REFERENCE (C/M) No.:</b> Atty. Docket No.: 005313.00003
<b>RE:</b> Notice of Appeal and Petition for three (3) month extension of time	
<i>If you do not receive all page(s) or have any problems receiving this transmission, please call:</i>	
<b>NAME:</b> Thomas L. Evans Reg. # 35,805	<b>PHONE:</b> (503) 425-6800

COMMENTS:

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PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	Application Number	09/783,146	
	Filing Date	February 13, 2001	
	First Named Inventor	Marc D. VanHeyningen	
	Art Unit	2132	
	Examiner Name	Kambiz Zand	
Total Number of Pages in This Submission	4	Attorney Docket Number	005313.00003

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Fax Cover Sheet
Remarks Please charge any fees that are necessary to maintain to the pendency of this application, including any fees under 37 CFR §1.16 or §1.17, to deposit account number 19-0723.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Thomas L. Evans, Reg. No. 35, 806
Signature	<i>Thomas L. Evans</i>
Date	June 20, 2006

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Thomas L. Evans, Reg. No. 35,805		
Signature	<i>Thomas L. Evans</i>	Date	June 20, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/06/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).

# **FEE TRANSMITTAL for FY 2005**

☒ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 760.00)

Complete if Known

Application Number 09/783,146  
Filing Date February 13, 2001  
First Named Inventor Marc D. VanHeyningen  
Examiner Name Kambiz Zand  
Art Unit 2132  
Attorney Docket No. 005313.00003

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## **METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) : \_\_\_\_\_  
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☒ Charge any additional fee(s) or underpayments of fee(s) ☒ Credit any overpayments  
Under 37 CFR 1.16 and 1.17

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## **FEE CALCULATION**

### **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	—
Design	200	100	100	50	130	65	—
Plant	200	100	300	150	160	80	—
Reissue	300	150	500	250	600	300	—
Provisional	200	100	0	0	0	0	—

### **2. EXCESS CLAIM FEES**

Fee Description	Small Entity Fee (\$)	Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>		
— - 20 or HP=	x	=
HP = highest number of total claims paid for, if greater than 20.		
<b>Indep. Claims</b>		
— - 3 or HP=	x	=
HP = highest number of independent claims paid for, if greater than 3.		
<b>Extra Claims</b>		
Fee (\$)	Fee Paid (\$)	
Multiple Dependent Claims		
Fee (\$)	Fee Paid (\$)	
	0	

### **3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets** **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**  
— - 100 = / 50 = (round up to a whole number) x = 0

### **4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)  
Other (e.g., late filing surcharge): Notice of Appeal and 3 month EOT

**Fees Paid (\$)**

760

## **SUBMITTED BY**

Signature	<i>Thomas L. Evans</i>	Registration No. (Attorney/Agent)	35, 805	Telephone	503-425-6800
Name (Print/Type)	Thomas L. Evans	Date	June 20, 2006		

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